MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10066 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Maryland o. COUNTY Queen Anne's County b. COUNTY Queen Anne's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 Church of the negres Maryland Lifetime Church Hill, Maryland d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? His Home At. YES NO T 3. NAME OF First Middle Lost 4 DATE Year DECEASED (Type or print) OF DEATH William R. Butter 20 1067 Sr. SEX IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED AGE (In years NEVER MARRIED lost birthdoy) Colored [a] e DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) UCOUNTRYA Various Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SOCIAL SECURITY NO 17. INFORMANT "TOF Wille ma

ı.	INO	1 20-20-19 EMr. William Bulter Jr. Em	, , , , ,
	18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Artrosclertic Cardio	INTERVAL BETWEEN ONSET AND DEATH
IICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	Vascular disease	years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, While of work of wo	unty) (Stote)
		the remoins described obove, held on Autopsy, Inspection, Inquiry, uses, Accident Suicide, Homicide, Undetermined monner	ond in my opinion
	ACTUAL 17 TO	CHIEF MEDICAL EXAMINER	22. DATE SIGNED

NAME OF CEMETERY OR CREMATORY

Bethel A.M.E.Cem.

Chestertown, Md.

Layton

DATE THEREOF

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

25

23d. LOCATION (City or Town)

Anne's

Centreville.Md.

County . Md .

VR A15ME (5) 6M 1/66

FOR STATE HEALTH DEPT.

deloy

puo

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm

This certificate should be executed within 24 hours after death.

TO DEPUTY MED. AL EXAMINER:

pages lond2-with the State Department of event within 72 hours ofter death.

in ony

and

Health or its designated agent, prior to burial, cremation, or removal,

SIGNATURE

**EXAMINER'S** 

NAME (Type)

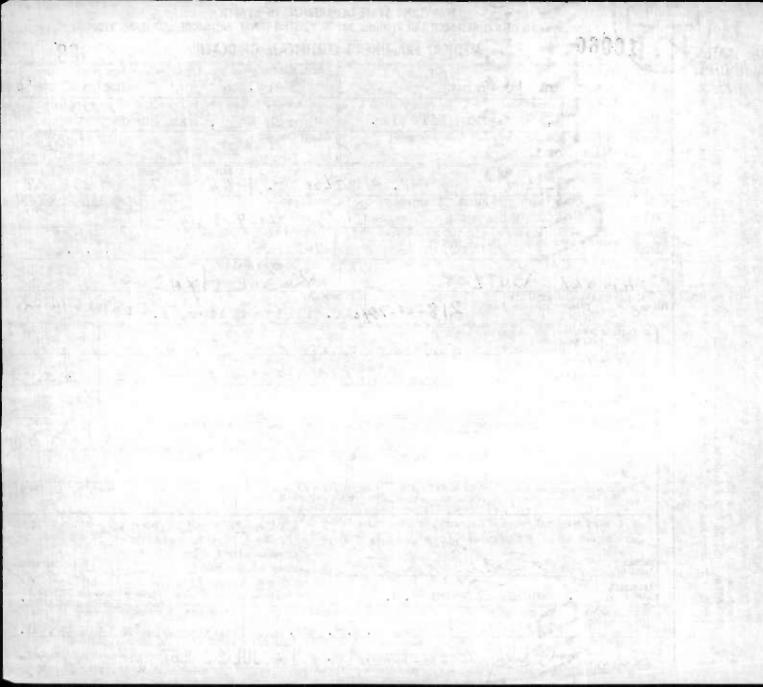
BURIAL, CREMATION REMOVAL (Specify)

24. FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: Poge 3 should be used os

5 moy be retained for your files.

buriol-tronsit permit. File



10067

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

10069

_						
1. PLACE OF DEA	TH		2. USUAL RESIDENCE	(Where deceased lived, if insti-	tution: Residence befo	are admission)
d. CODIVIT	Queen Anne	MARYLAN		cyland	Queen	Anne
b. CITY OR TO	NN (If outside carparate limits,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If	outside carparate limits, write l	RURAL and give near	est tawn)
WIITE KUKA	Grasonville	WAR CHARLES	Gra	asonville	17	.1
d. NAME OF HO	OSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	BOILATTE	1	e IS RESIDENCE
	ster River Driv		Cl	nester River D	rive	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN First	ANDREW BYRNE	Last	4. DATE MO OF DEATH	JULY Do	27, 19 67
S. SEX	6. COLOR OR RACE 7.	. MARRIED NEVER MARRIED [	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	
Male	White	WIDOWED DIVORCED	10/4/11	last Sirthday)	Manths Days	Hours Min.
during mast af war	ATION (Give kind af wark dane king life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY W.T. Cowan C	Section 1997	nty & State, ar fareign country)  Land	12. CITIZEN ( COUNTRY	
13. FATHER'S NAM	ME		14. MOTHER'S MAIDE	N NAME		
Andre	ew Byrne		Ma	argaret Sommer	S	
15. WAS DECEASE	DEVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	2	dresBalto.M	d. 21230
(Yes, na, ar unkna Yes	wn) (If yes give war ar dates af se	21/45 213-03-0236	Mr. Robert		6 Harman	
	OF DEATH (Enter only one cause p					NTERVAL BETWEEN
	DEATH WAS CAUSED BY:	PNEUMONI	A		0	ONSET AND DEATH
160	1621 IMMEDIATE CAUSE (a) TO E O MONTH					2 14
Canditians, if	any, which gave ) (b)	BRONGHOGENIC	CARCINOMA	WITH METAS		1 months
	diate cause (a), (					1
last.	underlying cause (c)					
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).					
NOTA	LK SIGNIFICANT CONDITIONS CONT	KIBUTING TO DEATH BUT NOT KEENE	D TO THE TERMINAL DISEASE	CONDITION ON EN THE TAKE TO		PERFORMED? YES NO
OR CONTRIBU	T WAS UNDERLYING  TING  CAUSE OF DEATH OTHER MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury	in Part I ar Part II af item 18.)		
20c. TIME OF	INJURY Manth, Day, Year		le. PLACE OF INJURY (Hame, f		(County)	(State)
Hou	p.m. 19	While Nat While at wark	factory, street, affice bldg., e	etc.)		
21. 1 6	21. I certify that (1) (this baspite) attended the deceased from 5-30-67, 1967, ta 7-27, 1967, that (1) (we) la					
	saw the deceased alive on 7-76 1967, and that death accurred at 7.574M, from causes and an the date stated above					
22a. SIGNAL	URE	22b. DATE SIGNED				
	( Tubley	M.D. ATTENDING MED. STAFF DI 7-27-67				
22c. PHYSICI NAME (		E. LIBB	22d. ADDRESS GRASC	ONVILLE	MD. 2	1638
23a. BURIAL, CREA	MATION. 23b. DATE THEREO	OF 23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City or	Town) (Count	ty) (State)
REMOVAL (Sp			ark Cemetery	Baltimore	(00011)	0 Md
Burial  24. FUNERAL DIR		ADDRESS	2So. R	FG P BY REGISTRAN 96/25b.	अं क्षेत्रिक रहा होता	URE O
		107 Wilkens Ave.	21229	AL 2 I 1301 520	Tour Stollar	U
HOWALU	it. Habbard, T	TO, HILLIAM IN THE	DATE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fined in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter Poge 4 moy be retained by the hospitol or ottending physicion. VR A15 (4) 25M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10068

## CERTIFICATE OF DEATH

10070

	1. PLACE OF DEATH a. COUNTY Queen Anne	MARYLAND	2. USUAL RESIDENCE ( o. STATE	Where deceased lived, if institution: R b. COUNTY (	esidence before admission) Queen Anne	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) Rural Queenstown	c. LENGTH OF STAY IN 16		utside corporote limits, write RURAL or enstown Rura		
2	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO	
1	3. NAME OF First DECEASED (Type or print) Margaret	Middle	Gross	4. DATE Month OF DEATH July	Day Year 18 1967	
1	S. SEX 6. COLOR OR RACE 7. MARRIED Negro WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF SIRTH  July IO. I		INDER 1 YEAR IF UNDER 24 HRS.  On this Days Hours Min.	
	10o. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR IDUSTRY		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	13. FATHER'S NAME David Cla rk		14. MOTHER'S MAIDEN	NAME Smith	UDA	
	A I Make the state of the state		INFORMANT Junior G	Address ross-Queenstow	m Md.	
	18. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a) 2      Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	Carcinona Vetastalia	of literus arrining	instery bones, lu	INTERVAL BETWEEN OUSET AND DEATH OF MASS.	
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUT					
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Doy, Year Hour's.m. 19 While of wor	Not While fac	ACE OF INJURY (Home, for tory, street, affice bldg., etc.		(County) (State)	
	21. I certify that (I) (this hospital) attended the deceased fram, 19 67, to, 1967, that (I) ( ) lost saw the deceased alive an, 17, 1967, and that death accurred at 37, M, from auses and on the date stated above.					
	220. SIGNATURE M.D. ATTENDING MED. STAFF 7/2/67					
1	22c. PHYSICIAN'S NAME (Mpe) John R. Sn	nith, Jr.	22d. ADDRESS	treville, Mar	yland	
	230. BURIAL (SREMATION, PEMOVAL (Specify) Purial 7-22-1967	23c. NAME OF CEMETERY OR Grasonvil	le	23d. LOCATION (City or Town)  Grasonville	(CounMd (Stote) Queen Anne	
	24. FUNERAL DIRECTOR G. H Dashiell East	ADDRESS	2So. REC'		AR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haun, after death

VR A15 (4) 25M 1/67

some review Ande I ve lett, or vovi ve letter beginning i se email de esta filmet mostly be now and all the me offivonesed a stiplex - Telepi E. Deenleid Lietten, at.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 2DM 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH 10071
PLACE OF DEATH  a. COUNTY Queen Anne  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a a. STATE Maryland b. COUNTY Kent

1.	PLACE OF BEATH a. COUNTY Queen Anne	- STATE	CE (Where deceased lived, If institution: aryland b. COUNTY	Residence before admission)  Kent			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		outside corporate limits, write RURA				
1	Sudlersville,	Lync	ch Lifetime	14/2			
	d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	BILCCHIIC	e. IS RESIDENCE			
-	itty's Nursing Home (2 weeks)			ON A FARM? YES NOXX			
3.	NAME OF FIRST MIDDLE DECEASED (Type or print) Mary E. HEPBURN	Last	4. DATE Month DF DEATH July 4.	Day Year 1967 19			
5.		B. DATE OF BIRTH	19 AGE (In years   IFIINDE	R 1 YEAR HEUNDER 24 HRS.			
f	emale   white   WIDOWED   DIVORCED   8	8/23/1890	last birthday) Months	Days Hours Min.			
10:	DUSUAL OCCUPATION (Give kind of work done   1Db. KIND DF BUSINESS OR INDUSTRY   INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)   12.	CITIZEN OF WHAT			
uu.	ing most of working fire, even it fettled) industri	Kent Co.	. Maryland	USA			
13	FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME				
	James Thomas Hepburn	Lorer	na Booker				
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address				
(1	no, or unkown) ((fyes give war or dates of service) 217 36 0758 A	Hospita	al Records Chest				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	017		ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: Myocardial Infarction 4 days						
	DUE TO POLICE	611	- 611/1	546			
	conditions, If any, which gave rise to immediate (b) Urtercoscuratur	c - Mperte	user lardes Vascular	- Juns			
	cause (a), stating the DUE TO	//	Drew				
z	underlying cause last. (c) /			100 100 100 100 100 100 100 100 100 100			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO			
CERTIF	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCUDED TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature o	f Injury In Part I or Part II of Item 1	8.)			
CAL	faata	CE OF INJURY (Home, fary, street, office bldg., e		ounty) (State)			
MEDICAL	Hour a.m.  p.m.  19   While   Not While   at work	ry, street, omcesing., e	,tc.)				
2	21. I certify that (I) (this hospital) attended the deceased from June 27, 1967, to July 7, 1967, that (I) (we) last						
		death occurred at					
4	22a. SIGNATURE / / / / / / / / / / / / / / / / / / /						
	John K. Smith. h M.D.		MED. DIRECTOR PHYS. JU	ily 4, 1967			
	22c. PHYSIGIAN'S NAME (Type) John R. Smith, Jr. 22d. ADDRESS Centreville, Md.						
23		OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)			
	REMOVAL (Specify) 7/6/67 Still Pond	Cemetery	Still Pond, M	ld.			
24	FUNERAL DIRECTOR Chestertown	25a. RE	C'D BY REGISTRAR 250 CEGISTAN	S.2 Scharing			
	1.000	DATE					

(white 2) would write a could Add Lond State 17 hold Junes Middle Landing Committee Commi A COS A Hospitch Records Chalcott Street Acad No. of the Advantage of the Country of

ADDRESS

VS. A15ME(S)

SM 9/55

23 EUNERAL DIRECTOR'S SIGNATURE

240. REC'DIRY REGISTRAR 24b, REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

19

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED?

NO

(State)

and find that

DATE SIGNED

(State)

Day

an energy of the second of the

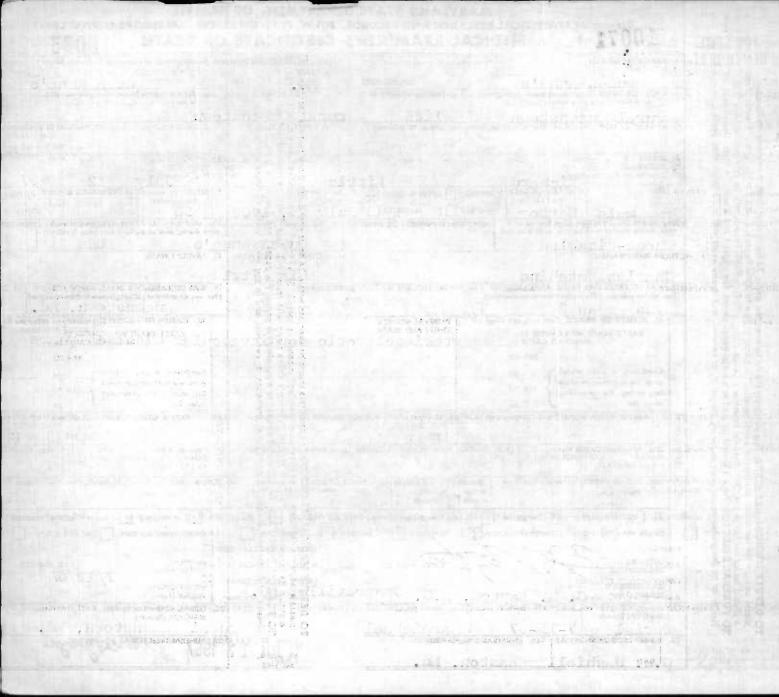
ALSO ONLY THE SESSEMENT OF REAL PROPERTY OF THE STATE OF

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decay is necessary, He please execute the certificate, writing the word "pending" in pendil in Item 18. GWE pass 1, 2, and 3 to the funeral bisorfor. Page 7 of 4 should be forwarded to the Chief Medical Examiner's Office along with four PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15ME 5M 1/63

		TE DEPARTMENT OF HI	
Division of STATIST	ICAL RESEARCH AND RECO	ORDS, 301 W. PRESTON STR	EET, BALTIMORE 1, MARYLAND
10071	MEDICAL EXAMINE	ER'S CERTIFICATE O	F DEATH 10073
			9 (7 ( ) 2 2 3

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edinission)						
a. COUNTY	a. STATE b. COUNTY						
vueen Anne's MARYLAND	Md. Oueen Anne's						
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside eorporate limits, write RURAL end give nearest lown)						
rural Gueenstown life	rural Queenstown /7./						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES \ NO \						
3. NAME OF First Middle	Lasi 4. DATE Month Day Year						
(Type or print) Richard Lit:	tle DEATH July 12 1967						
	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
male Negro WIDOWED DIVORCED	July 23, 1908   last birthday)   Months   Days   Hours   Min.						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
none-disabled	Oueen Anne's USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Charles Hutchins	Lula Little						
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ( (Ifyesglvewarordelesofservice)	INFORMANT Address						
ves WW 2 (INKNOWN )	DORSEY Wilson Queenstown, Md.						
18. CAUSE OF DEATH [Enter only one sause per line for (a), (b), and (c).]	I INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
IMMEDIATE CAUSE (e) Arterioscler	otic cardiovascular disease years						
DUE TO							
Conditions, if eny, which (b)							
geve rise to immadiate causa (a), stating the underlying DUETO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
	PERFORMED?						
20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	YES NO						
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	(chief nature of injury in Pert I of Pert II of Hem 18.)						
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m.  While Not While feet at work of work	tory, street, office bldg., atc.)						
7	ald an Autonox D. Inspection D. Inspection D. Inspection D.						
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion							
death resulted from: Natural causes (X). Accident [], Suice	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner						
CHIEF MEDICAL EXAMINER							
SIGNATURE DEL CONTROLLE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
EXAMINER'S	DEPUTY MEDICAL EXAMINER 7/12/67						
NAME (Type) C. R. Layton, M.D. Centre	eville (Street, City, town, or county)						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (State)						
Burial 7-15-67 Carmichael	rural Queenstown, Md.						
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAP 24b. REGISTRAR'S SIGNATURE						
G.H. Dashiell Easton, Md.	The I ( 1901 )						
General Easton In.							



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10074 10072

1. PLACE OF DEATH				ICE (Where decessed lived, If	institution: Resid	ence before admission	
	en Anne	MARYLAND	a. STATE Mar	yland b. cour	VIY Queen	Anne	
b. CITY OR TOWN (if	outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, writ	e RURAL end giv	re nearest town)	
Sudle:	rsville		Ru	ral Chestert	town	17.1	
d. NAME OF HOSPITA	L OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YEST NO	
. NAME OF	First	Middle	Last	4. DATE Mont	h Da	y Year	
(Type or print)	Edna	Earl	Lord	DEATH July	7 2	9 19 67	
	White WIDO		April 28,	1909 9. AGE (In years last birthdey) 58 yrs.	Months Deys		
0a. USUAL OCCUPATIO done during most of working Housewi	N (Give kind of work no life, aven if retirad)	KIND OF BUSINESS OR INDUSTR	Tenness	enty & State, or foreign country		OF WHAT COUNTRY	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Ro	bert Wilson		Kat	e Jennings			
5. WAS DECEASED EVER		16. SOCIAL SECURITY NO.   17. I	NFORMANT	Addres	s		
res, no, or unkown) (live	es give wer or dates of service)	No	rman Lord-	-Chestertown	n, Md.	Route #:	
Conditions, if eny, geve rise to immediate (a), stating the und cause lest.	e cause edying DUE TO	Quile Co Chrime	arlud	reactes Selvery		ONSET AND DEATH	
PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	Reselve	inal disease condition gi	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
PART II. OTHER S  D  2Da. ACCIDENT WAS  OR CONTRIBUTING [  (IF EITHER, NOTIFY M	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury it	Pert I or Pert II of item 18.)			
20c. TIME OF INJURY Hour e.m. p.m.	y		CE OF INJURY (Home, fa ory, street, office bldg., et		(County)	(Stete)	
	t (I) (this hospital) att	ended the deceased from	1 1-1			Pthat (I) (we) last date stated above	
22a. SIGNATURE	@ Tru	healf "		MED. STAFF DIRECTOR PAYS.	8/1	22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type)	C.H. Metcal:	fe	22d. ADDRESS Sud1	ersville, Ma	ryland	1	
REMBYAL (SEMATION	Aug. 1	Crumpton		Crumpton.	wn or county)	(Stata)	
4 FUNERAL DIRECTOR'S	FUNERAL DIRECTOR'S SIGNATURE , ADDRESS			25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
Chand of	( dano)	Church Hill.	Maryland	AUG 3 1567	Miliane	en Judge	

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